

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Thomas M Marra

Mailing Address 7 Cobtail Way

City State Zip Code
Simsbury CT 06070-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hartford Life, Inc. President & Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872163

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M Meyer

Mailing Address 3704 S Bertina Circle

City State Zip Code
Sioux Falls SD 57103-7225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sammons Financial Group Senior Vice President & CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 19959425

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph E. Paul

Mailing Address 4310 9th Street WEst

City State Zip Code
West Fargo ND 58078-8244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Midland National Life Insurance Compan Vice President, Corp Markets Operation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 19959428

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	